



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2019:46**

Reporting for the week ending 11/16/19 (MMWR Week #46)

November 22nd, 2019

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

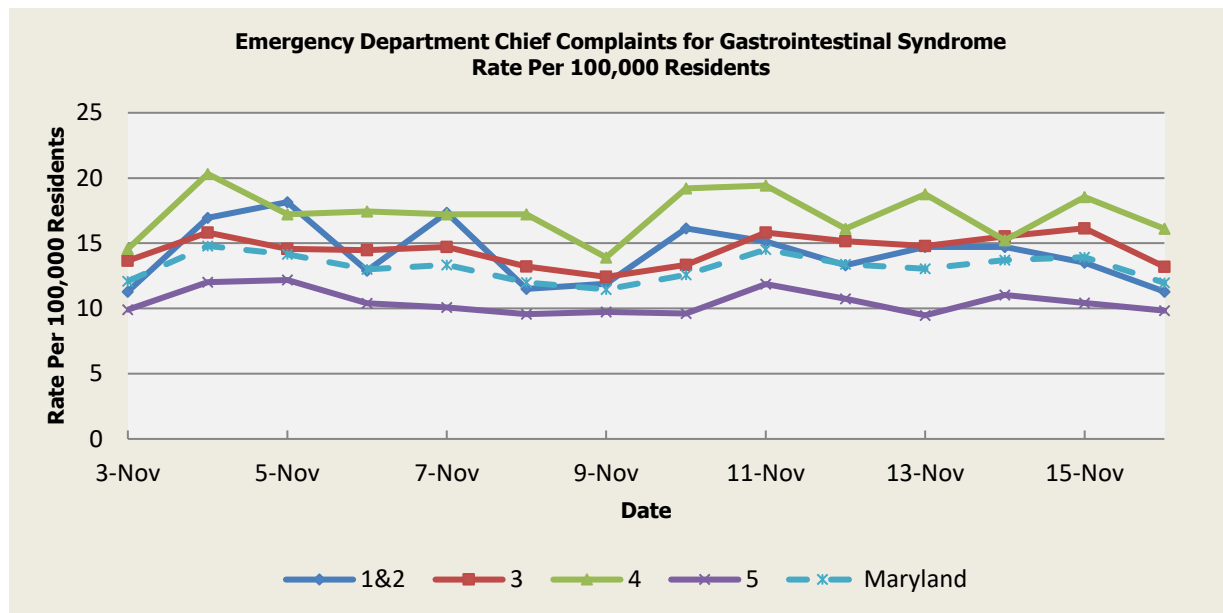
<b>National:</b>	<b>No Active Alerts</b>
<b>Maryland:</b>	<b>Normal (MEMA status)</b>

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



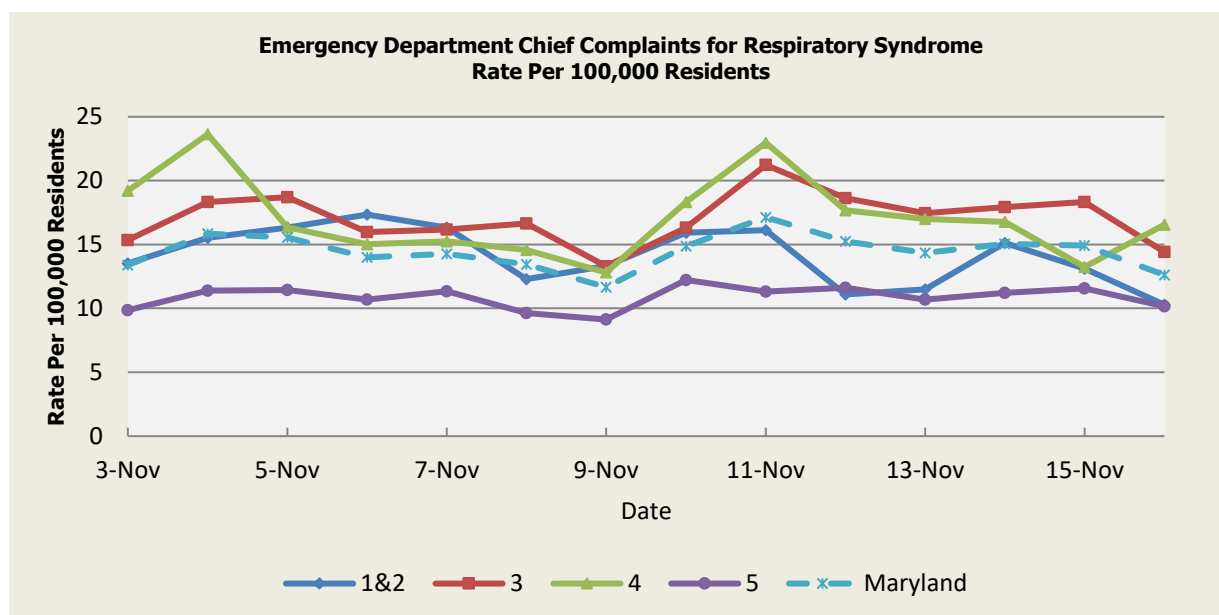
There were two (2) Gastrointestinal Syndrome outbreaks reported this week; two (2) outbreaks of Gastroenteritis in Assisted Living Facilities (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.32	15.08	15.95	10.26	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

\* Per 100,000 Residents

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## Respiratory Syndrome



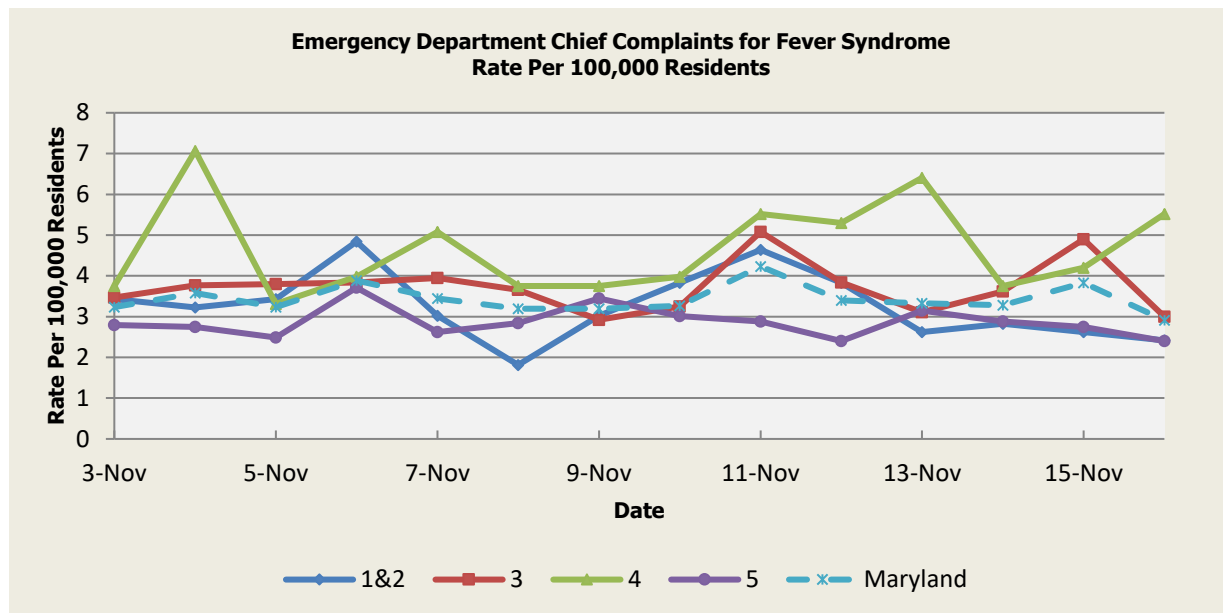
There were no Respiratory Syndrome outbreak reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.63	14.72	15.06	9.95	12.74
Median Rate*	12.10	14.18	14.35	9.60	12.26

\* Per 100,000 Residents

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## Fever Syndrome



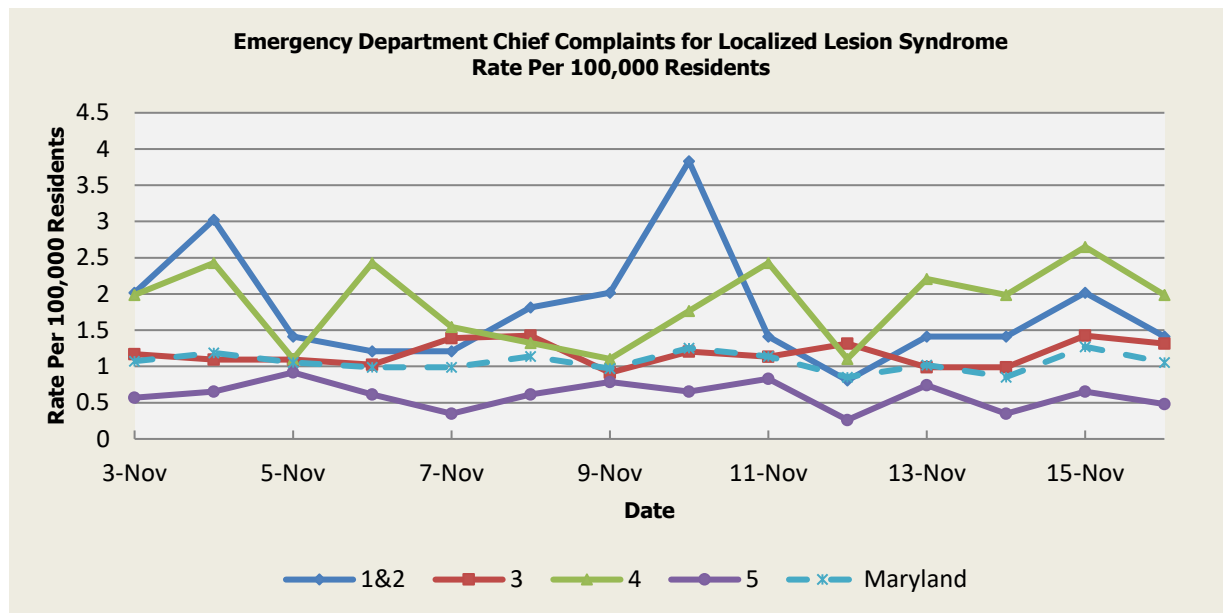
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



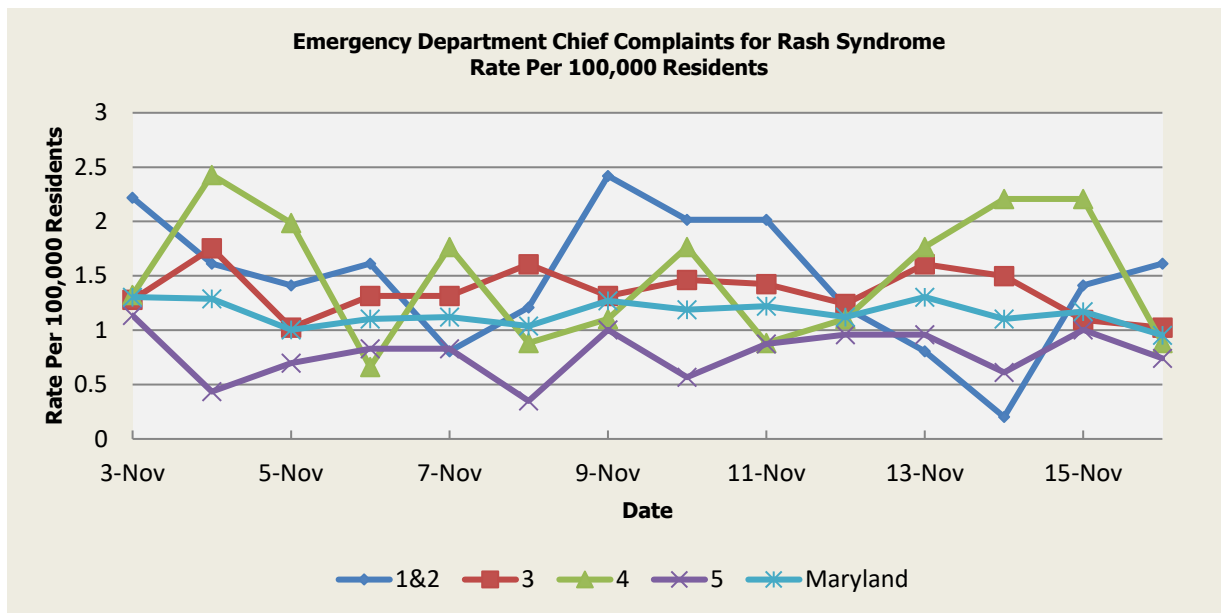
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

\* Per 100,000 Residents

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## Rash Syndrome



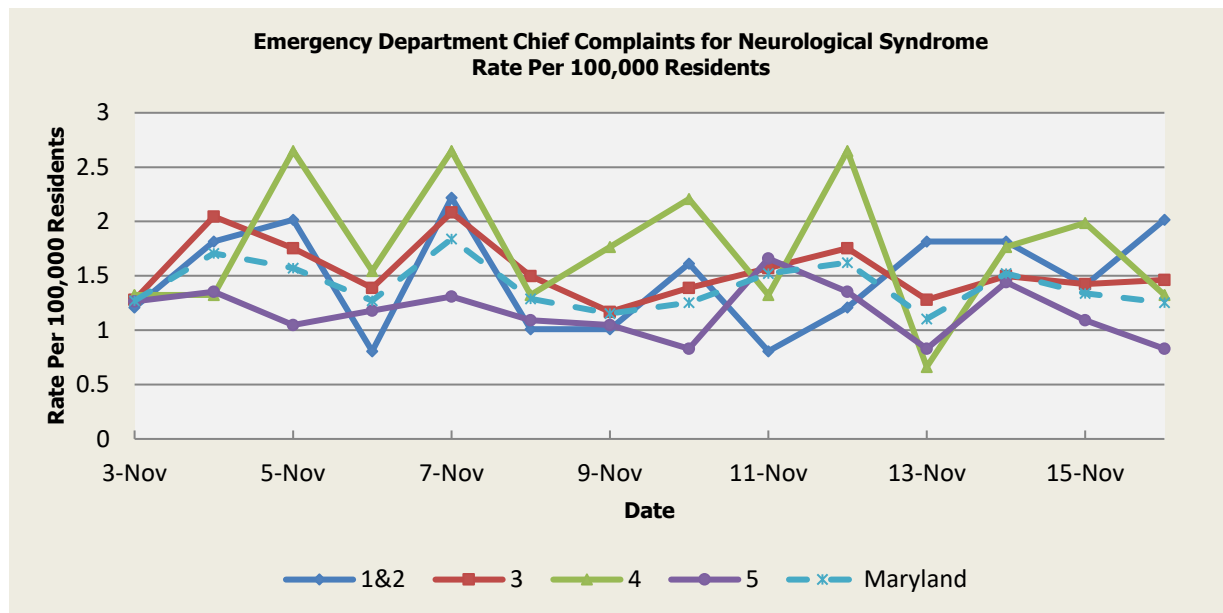
There were no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.67	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

\* Per 100,000 Residents

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## Neurological Syndrome



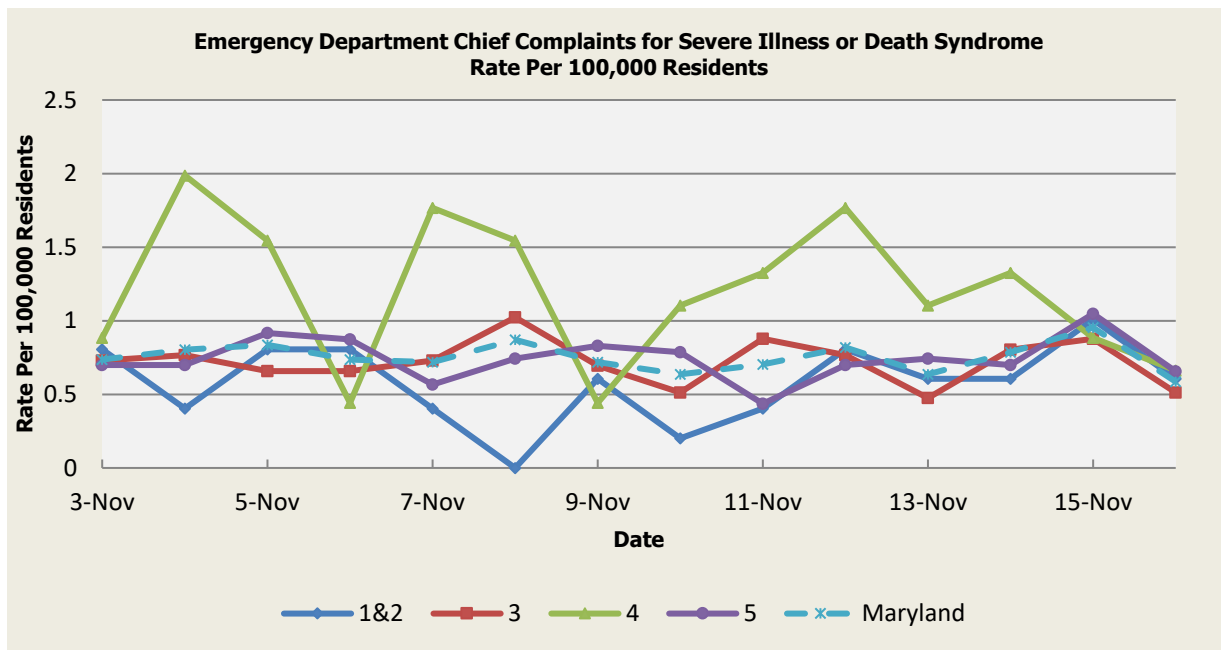
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.79	0.96	0.88	0.61	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.72

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

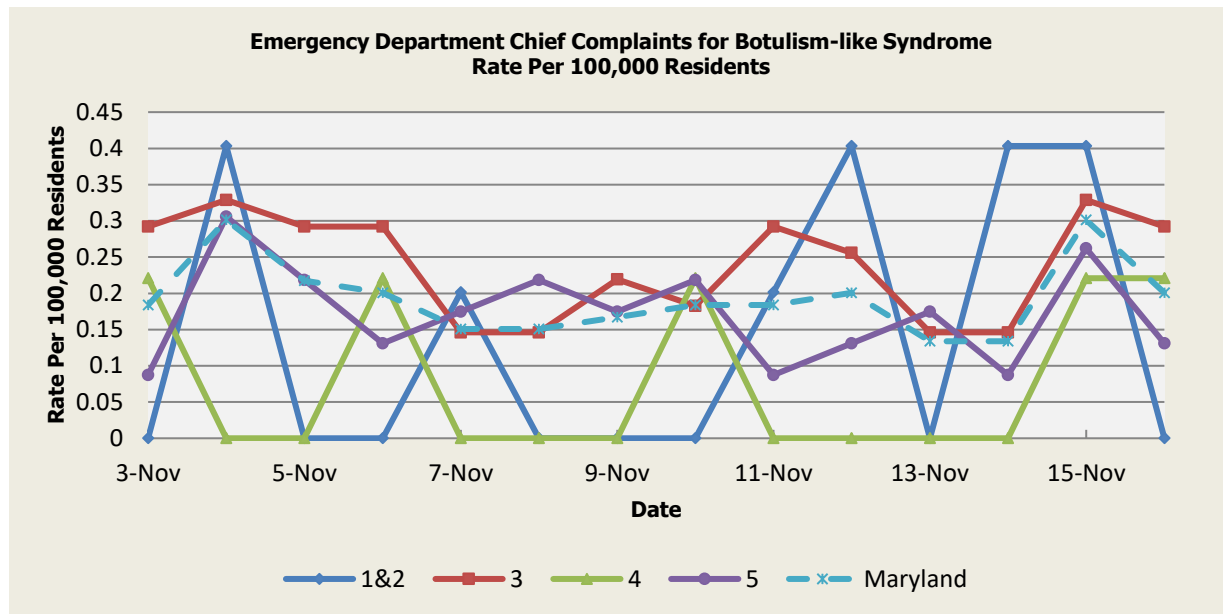
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



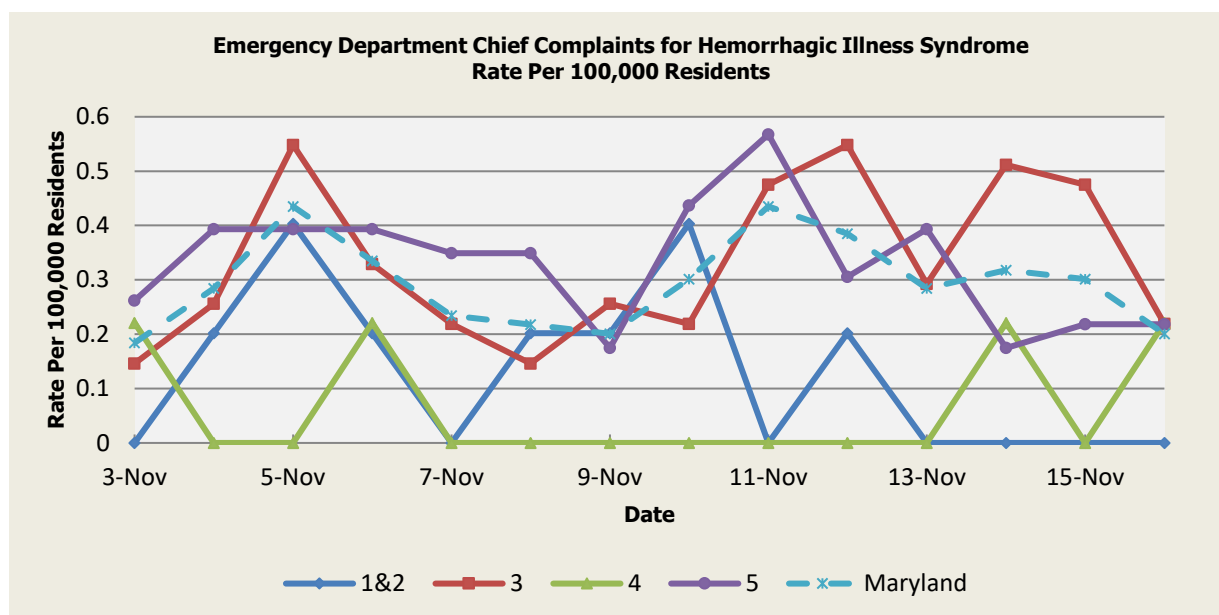
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 11/3 (Regions 3,4), 11/4 (Regions 1&2,3,5), 11/5 (Regions 3,5), 11/6 (Regions 3,4), 11/7 (Regions 1&2, 5), 11/8 (Region 5), 11/9 (Region 5), 11/10 (Regions 4,5), 11/11 (Regions 1&2,3), 11/12 (Region 1&2), 11/13 (Region 5), 11/14 (Region 1&2), 11/15 (Regions 1&2,3,4,5), 11/16 (Regions 3,4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



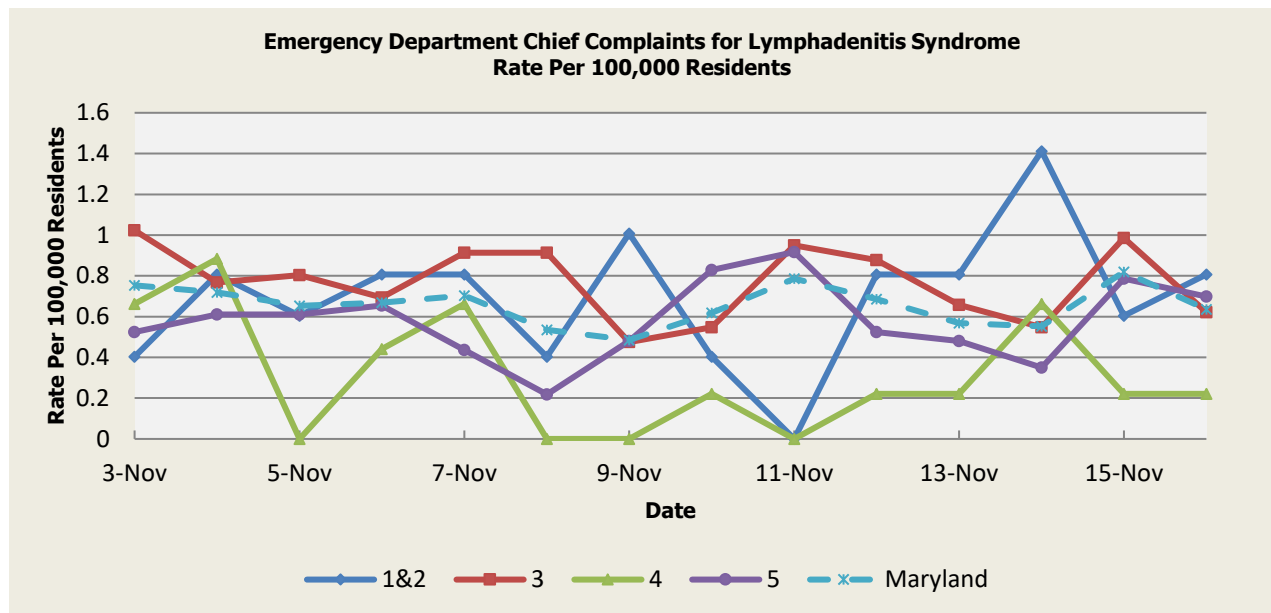
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome, 11/3 (Regions 4,5), 11/4 (Regions 1&2,5), 11/5 (Regions 1&2,3,5), 11/6 (Regions 1&2,3,4,5), 11/7 (Region 5), 11/8 (Regions 1&2,5), 11/9 (Region 1&2), 11/10 (Regions 1&2,5), 11/11 (Regions 3,5), 11/12 (Regions 1&2, 3,5), 11/13 (Region 5), 11/14 (Regions 3,4), 11/15 (Regions 3,5), 11/16 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome, 11/4 (Regions 1&2,4) 11/6 (Region 1&2), 11/7 (Region 1&2), 11/9 (Region 1&2), 11/10 (Region 5), 11/11 (Region 5), 11/12 (Region 1&2), 11/13 (Region 1&2), 11/14 (Region 1&2), 11/15 (Region 5), 11/16 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.51	0.44	0.35	0.44

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

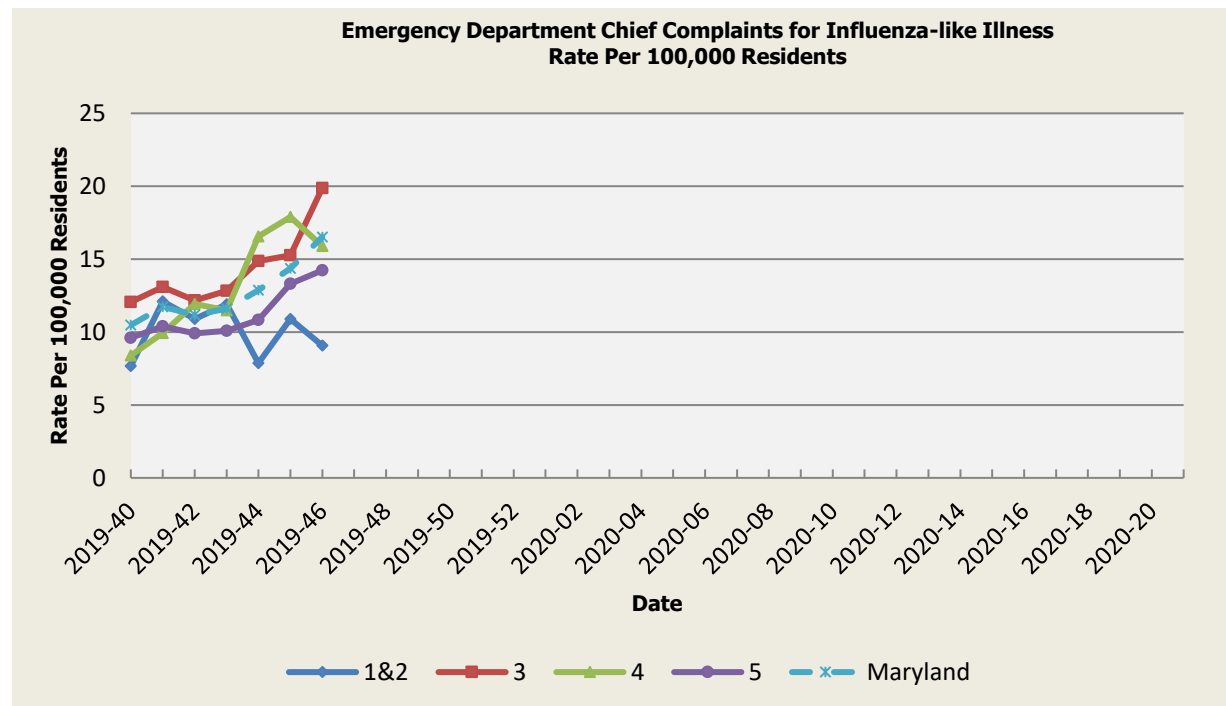
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 46 was: Low Intensity and Local geographic activity.

### **Influenza-like Illness**

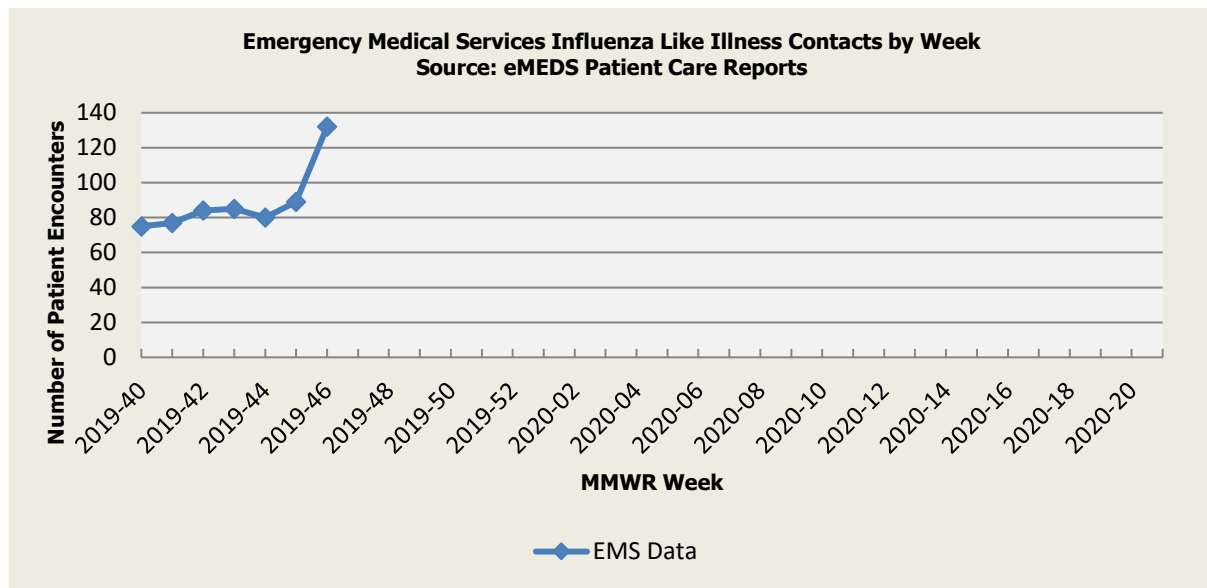


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.13	13.23	12.75	11.20	12.16
Median Rate*	7.66	10.34	9.27	8.77	9.44

\* Per 100,000 Residents

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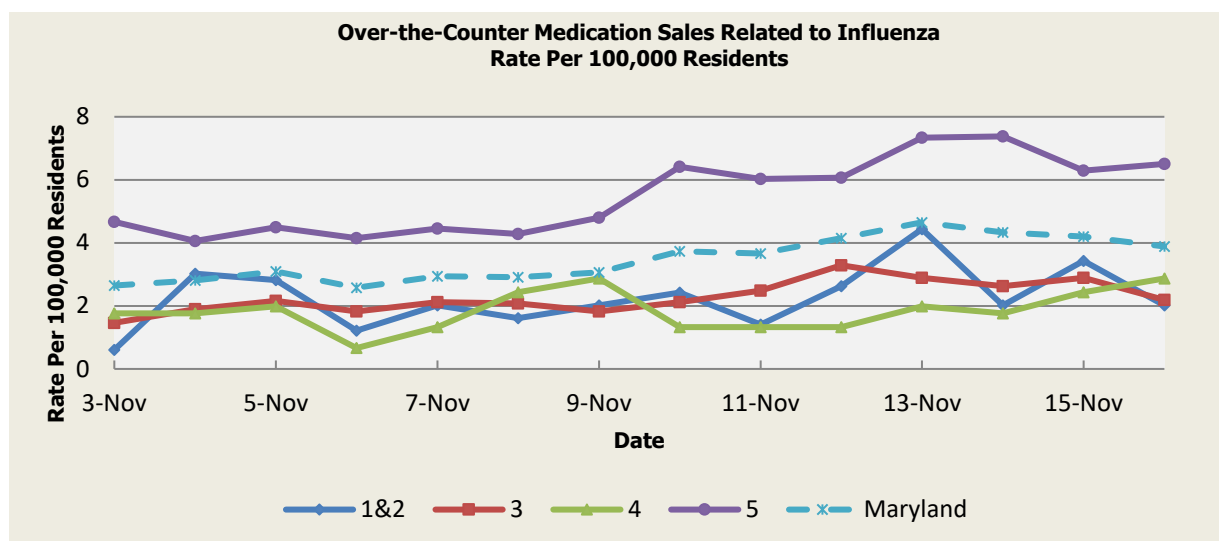
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



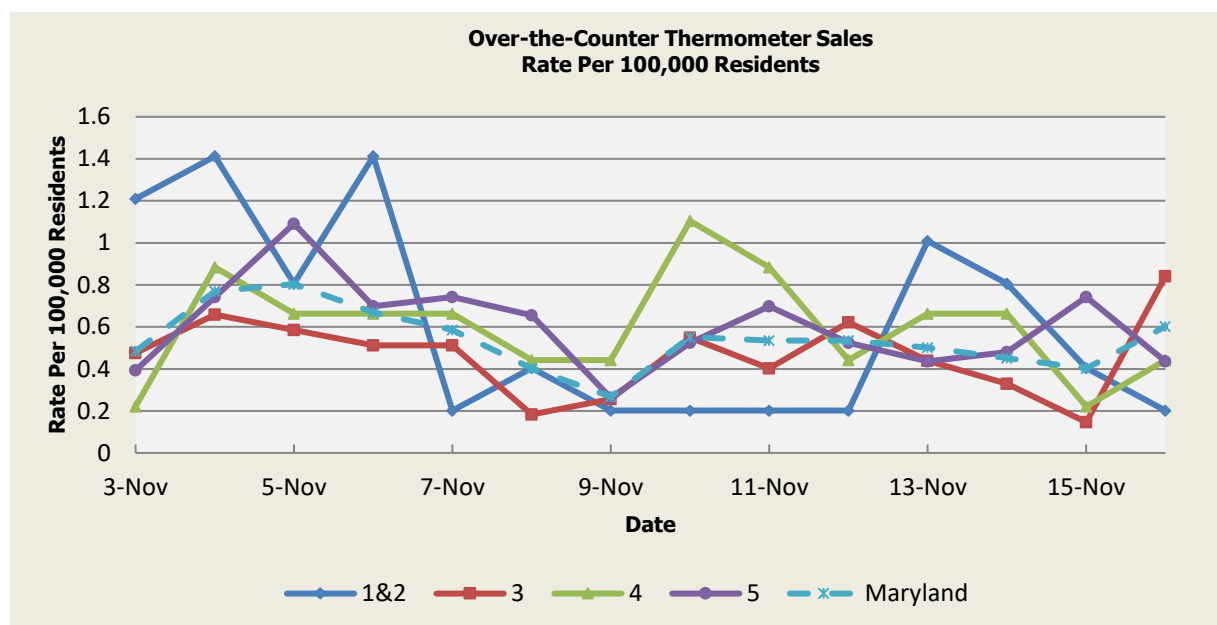
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.42	2.66	7.76	5.49
Median Rate*	2.82	3.54	2.21	6.99	4.72

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.91	2.77	2.21	3.68	3.09
Median Rate*	2.62	2.67	1.99	3.62	3.03

\* Per 100,000 Residents

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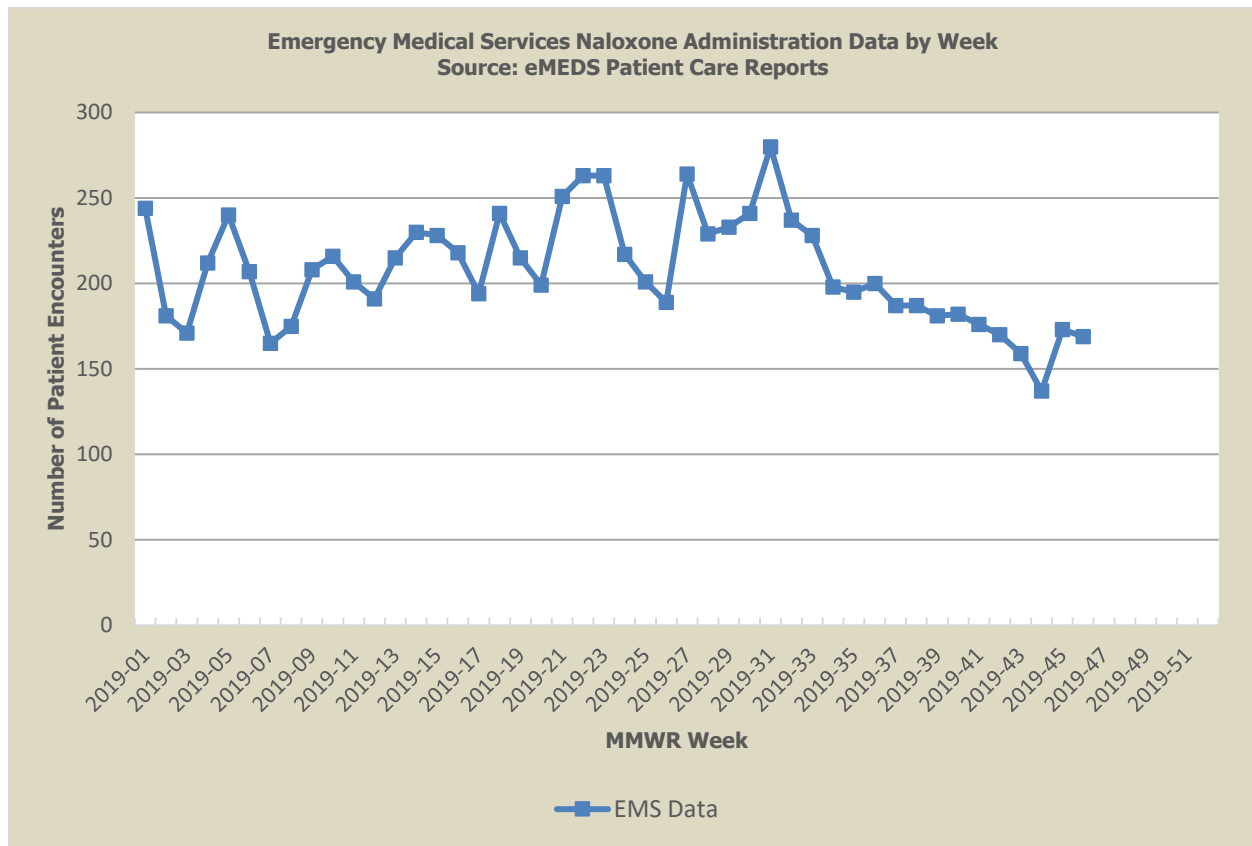
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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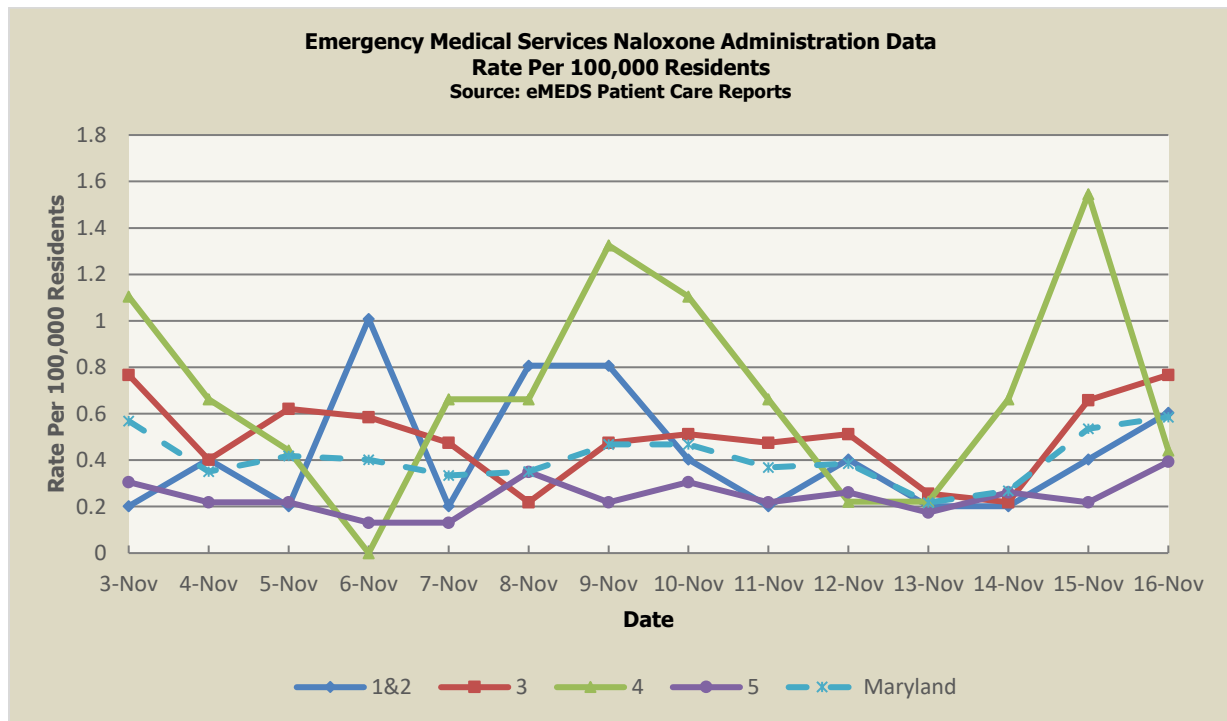
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 21st, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

*There were no relevant avian influenza reports this week*

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**E COLI EHEC (MULTISTATE)**, 21 Nov 2019, CDC, public health and regulatory officials in several states, and the US Food and Drug Administration (FDA) are investigating a multistate outbreak of Shiga toxin-producing \_E. coli\_ (STEC) O157:H7, also called enterohemorrhagic \_E. coli\_ (EHEC) infections. Read More: <https://www.promedmail.org/post/6789750>

**MUMPS (SOUTH CAROLINA)**, 20 Nov 2019, with more than 40 cases of mumps now confirmed at the College of Charleston, the school has taken a few new approaches over the past week to contain the outbreak on campus. Read more: <https://www.promedmail.org/post/6788791>

**EASTERN EQUINE ENCEPHALITIS (MICHIGAN)**, 20 Nov 2019, A Michigan farmer has died after contracting the mosquito-borne virus eastern equine encephalitis (EEE). The Michigan Department of Health and Human Services confirmed the farmer died following complications

with the virus on [Sat 16 Nov 2019], local outlet WOOD-TV reported. Read More: <https://www.promedmail.org/post/6787720>

**E. COLI EHEC (MARYLAND)**, 18 Nov 2019, The Maryland Department of Health says 7 confirmed cases of *E. coli* infections have been linked to pre-packaged Caesar salads. According to the department of health, the infections were identified in people who'd eaten Ready Pac Bistro Bowl Chicken Caesar Salad purchased at Sam's Club stores in Maryland. One person was hospitalized as a result of the *E. coli* O157 infection. No deaths have been linked to it. Read More: <https://www.promedmail.org/post/6785355>

**POWASSAN VIRUS ENCEPHALITIS (NEW YORK)**, 18 Nov 2019, Abdul Moiz Khan, Sheikh Raza Shahzad, Muhammad Farhan Ashraf and Usman Naseer. Powassan virus encephalitis, severe babesiosis and Lyme carditis in a single patient. Read More: <https://www.promedmail.org/post/6785236>

**PSITTACOSIS (MULTI STATE)**, 17 Nov 2019, Psittacosis results from inhalation of aerosolized droppings or respiratory secretions of birds infected with *Chlamydia psittaci*. During 2008-2017, a total of 60 cases of psittacosis, a nationally notifiable disease in the United States, were reported to the National Notifiable Diseases Surveillance System (<https://wwwn.cdc.gov/nndss>). Read More: <https://www.promedmail.org/post/6782209>

**GASTROENTERITIS (COLORADO)**, 17 Nov 2019, A 2nd school in Palisade is getting cleaned over the weekend after several students were sick at home on Fri 15 Nov 2019, the Daily Sentinel report. Read More: <https://www.promedmail.org/post/6783262>

**BOTULISM (NEW MEXICO)**, 16 Nov 2019, New Mexico health officials are investigating the 3rd suspected case of botulism in 2019. The department said Friday [15 Nov 2019] that a patient hospitalized in Albuquerque is believed to have wound botulism, a rare illness that can lead to muscle paralysis and death if left untreated. Read More: <https://www.promedmail.org/post/6782208>

**SCOMBROID FISH POISONING (MULTISTATE)**, 16 Nov 2019, Authorities are investigating an ongoing outbreak of scombrototoxin fish poisoning traced to yellowfin tuna. Read More: <https://www.promedmail.org/post/6782199>

**DENGUE UPDATE (FLORIDA)**, 16 Nov 2019, The Oregon Health Authority has reported that 4 people have fallen ill after eating contaminated beef purchased at various New Seasons stores. All have recovered. Read More: <https://www.promedmail.org/post/6785356>

**TUBERCULOSIS (WASHINGTON)**, 16 Nov 2019, Two elephants at Point Defiance Zoo & Aquarium have tested positive for tuberculosis, zoo officials announced Wednesday [13 Nov 2019]. Read More: <https://www.promedmail.org/post/6781099>

## **INTERNATIONAL DISEASE REPORTS**

**POLIOMYELITIS UPDATE**, 21 Nov 2019, New wild poliovirus isolates reported this week: AFP cases: 5 Environment: 4 Others: 0. Read more: <https://www.promedmail.org/post/6791409>

**SEVERE FEVER WITH THROMBOCYTOPENIA (TAIWAN)**, 19 Nov 2019, The Taiwan Department of Disease Control announced the 1st case of severe fever with thrombocytopenia syndrome (SFTS) in the country. Read more: <https://www.promedmail.org/post/6789743>

**GONOCOCCAL DISEASE(AUSTRALIA)**, 20 Nov,19, Queensland health experts are concerned after 2 cases of drug-resistant gonorrhea were identified amid a surge in overall cases. Read more: <https://www.promedmail.org/post/6789051>

**ACUTE RESPIRATORY DISEASE (UKRAINE)**, 20 Nov 2019, Eight school classes in Odesa [Odessa] have been closed for quarantine. More than 30% of school students in these classes are sick with Cocksackievirus, a highly contagious respiratory disease, said Olena Buynevych, the director of the city hall's department for science and education, as quoted by UNN news agency. Read more: <https://www.promedmail.org/post/6788864>

**YELLOW FEVER (VENEZUELA)**, 20 Nov 2019, The Venezuelan Public Health Society and the Let's Defend The National Epidemiology Network issued an alert after a case of yellow fever was confirmed in the state of Bolivar, after 14 years without the disease. Read more: <https://www.promedmail.org/post/6787771>

**RIFT VALLEY FEVER (SUDAN)**, 20 Nov 2019, On 10 Oct 2019, the National IHR Focal Point for Sudan notified WHO of 47 suspected [human] cases of Rift Valley fever (RVF), including 2 deaths in Arb'aat Area, Towashan Village, in El Qaneb locality, Red Sea State. Read more: <https://www.promedmail.org/post/6787770>

**TICK-BORNE ENCEPHALITIS (SWITZERLAND)**, 20 Nov 2019, Over 250 cases of the tick-borne early summer meningoencephalitis (ESME) disease have been recorded in Switzerland so far in 2019, the 2nd-highest number since the year 2000. Read more: <https://www.promedmail.org/post/6775528>

**CRYPTOSPORIDIOSIS (SWEDEN)**, 19 Nov 2019, The incidence of cryptosporidiosis in Scandinavia has increased dramatically in recent years. Read more: <https://www.promedmail.org/post/6785755>

**LASSA FEVER UPDATE (NIGERIA)**, 16 Nov 2019, In the reporting week 44 (28 Oct - 3 Nov 2019), 11 new confirmed\*\* cases were reported from Ondo (6) and Edo (5) states with one new death from Edo state. Read more: <https://www.promedmail.org/post/6782106>

**VAPING RELATED ILLNESS (BELGIUM)**, 15 Nov 2019, An 18-year-old given an electronic cigarette for his birthday is thought to be the 1st person in Belgium to die from vaping. Read more: <https://www.promedmail.org/post/6779589>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A



## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

